

Exhibit 3

Fabian Munoz Tandem Instructor retraining documents

TANDEM INSTRUCTOR RATING COURSE PROFICIENCY CARD

CANDIDATE: Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Tandem Instructor Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this proficiency card.

Sign-off dates may not be more than 24 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Tandem Instructor Rating Course. Course only requirements must be completed within 12 months of the start of the course.

VERIFYING OFFICIALS: Use this form to record that the candidate has met all necessary requirements for the USPA Tandem Instructor rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

*Current USPA Instructors need not meet starred requirements.

USPA TANDEM INSTRUCTOR RATING APPLICATION

Name FABIAN MUÑOZ USPA #: 355120 Expiration Date: 7/31/2024

Mailing Address _____

Add'l. Address _____

City SANTIAGO State MT Zip or Postal Code 7530904 Country CHILE

Weekday Phone _____ E-Mail _____

DOB: _____ Sex: ☒ M ☐ F Occupation: mountain



License Number: _____ (USPA D license required.)

FAA Medical Exp. Date _____ (include copy of medical with this application)

Total Freefall Time: 42,480 sy Total Sport Jumps: 720 (minimum 500 required.)

Applicant's Signature (for future authentication purposes): _____

\$50 Rating Fee: ☐ Paid by candidate with application ☐ Returned with After-Action Report

☐  ☒  _____ expiration date MO _____ YR _____ 3-digit _____

Signature: _____

I certify that FABIAN MUÑOZ BELANDIER has:
name of candidate

PRIOR TO ARRIVAL AT THE USPA INSTRUCTOR RATING COURSE:

1. Assisted in two tandem first-jump courses toward Category A requirements.

USPA Tandem Instructor signature _____ Date _____

USPA Tandem Instructor signature _____ Date _____

2. Assisted in two Category B tandem ground preps.

USPA Tandem Instructor signature _____ Date _____

USPA Tandem Instructor signature _____ Date _____

- 3.* Assisted in two Category D ground preps.

USPA Instructor signature _____ Date _____

USPA Instructor signature _____ Date _____

- 4.* Observed ground preps in Categories B, C, E, and F.

USPA Instructor signature _____ Date _____

- 5.* Correctly taught freefall stability and basic freefall maneuvers, including freefall turns, backloops, barrel rolls, front loops, and tracking.

USPA Instructor signature _____ Date _____

- 6.* Prepared an effective canopy flight plan and provided ground-to-air (for example, radio) instruction for winds up to 14 mph.

USPA Instructor signature _____ Date _____

- 7.* Participated in the spotting and aircraft lessons from Categories D through H (or equivalent training).

(Initials): Category D _____ Category G _____

Category E _____ Category H _____

Category F _____

USPA Instructor signature _____ Date 12/11/16

TANDEM

Page 2 CANDIDATE NAME FABIAN MUÑOZ Member # 305180

8. Demonstrated five practice tandem cutaways wearing tandem equipment and with a simulated student in the student harness in the presence of a USPA Tandem Instructor or Tandem Instructor Examiner.

Supervising USPA Tandem Instructor signature [Signature] Date 11/16

9.* Made 10 jumps to teach and observe basic group freefall skills (verification of 10 entries in the candidate's logbook).

Course examiner signature [Signature] Date 11/16

10. Correctly answered at least 80% of the questions on the USPA Tandem Instructor Final Examination.

Course examiner signature [Signature] Date 11/16

AT THE USPA INSTRUCTOR RATING COURSE:

11. During tandem jumps, demonstrated the ability to perform all the following:

- Establish and maintain stability throughout the jump.

Evaluator signature [Signature] Date 11/16

- Recover from intentional, planned instability on exit.

Evaluator signature [Signature] Date 11/16

- Heading control during tandem freefall and droguefall.

Evaluator signature [Signature] Date 11/16

12. Earned a score of Satisfactory on all sections and sub-sections of the Tandem In-Air Skills and Instruction Evaluation Form and the Training, Supervision, and Debriefing Evaluation Form.

Course examiner signature [Signature] Date 11/16

13. Correctly and completely rigged a simulated student for a tandem jump and completed a satisfactory pre-jump check of all associated systems.

Evaluator signature [Signature] Date 11/16

14. Conducted five successful initial tandem evaluation jumps.

1. Evaluator signature [Signature] Date 11/16

2. Evaluator signature [Signature] Date 11/16

3. Evaluator signature [Signature] Date 11/16

4. Evaluator signature [Signature] Date 11/16

5. Evaluator signature [Signature] Date 11/16

15.* Correctly prepared and checked a solo student's equipment, including canopy selection, prior to rigging up.

USPA Instructor signature [Signature] Date 11/16

16.* Completed one satisfactory Category D freefall and canopy training session and air evaluation during a Tandem Instructor Rating Course.

Course Examiner signature [Signature] Date 11/16

17. Participated in all portions of the USPA Tandem Instructor Rating Course.

Course examiner signature [Signature] Date 11/16

18. Has a minimum of 3 years of experience in parachuting.

Course examiner signature [Signature] Date 11/16

19. Conducted five practice tandem jumps.

1. Supervising USPA Tandem Instructor signature [Signature] Date 11/16

2. Supervising USPA Tandem Instructor signature [Signature] Date 11/16

3. Supervising USPA Tandem Instructor signature [Signature] Date 11/16

4. Supervising USPA Tandem Instructor signature [Signature] Date 11/16

5. Supervising USPA Tandem Instructor signature [Signature] Date 11/16

RATING RECOMMENDATION

I have personally examined and recommend this applicant for the USPA Tandem Instructor rating. He or she has demonstrated the ability to train and jump with tandem students and to train and supervise non-method-specific students for the USPA A license.

JIMMY MORANCA 0226131
USPA Tandem Instructor Examiner name and Member #

USPA Tandem Instructor Examiner signature [Signature]

Date 12/11/16

Course Location SIGMA

Tandem Equipment Used for Rating

COURSE/EXAMINER VERIFICATION CHECKLIST (Examiners, please verify the following)

1. Examiner membership and rating expiration date 185484 7/31/17

2. Course Location SIGMA
(must be a current USPA Group Member drop zone)

3. Candidate USPA Membership expiration date _____

4. Full Course

☐ Manufacturer Rating Conversion (See Section 1.F.2, 3, 4)

☐ Foreign Tandem Instructor Rating Conversion (See Section 1.F.5)

EXAM ANSWER SHEETS

Name: FABIAN MUÑOZ BECERRA.

- | | |
|----------------|----------------|
| 1. <u>D ✓</u> | 21. <u>A ✓</u> |
| 2. <u>B ✓</u> | 22. <u>A ✓</u> |
| 3. <u>B ✓</u> | 23. <u>B ✓</u> |
| 4. <u>C ✓</u> | 24. <u>B ✓</u> |
| 5. <u>D ✓</u> | 25. <u>A ✓</u> |
| 6. <u>D ✓</u> | 26. <u>C ✓</u> |
| 7. <u>D ✓</u> | 27. <u>B ✓</u> |
| 8. <u>D ✓</u> | 28. <u>B ✓</u> |
| 9. <u>D ✓</u> | 29. <u>D ✓</u> |
| 10. <u>D ✓</u> | 30. <u>C ✓</u> |
| 11. <u>C ✓</u> | 31. <u>D ✓</u> |
| 12. <u>D ✓</u> | 32. <u>D ✓</u> |
| 13. <u>C ✓</u> | 33. <u>A ✓</u> |
| 14. <u>A ✓</u> | 34. <u>C ✓</u> |
| 15. <u>B ✓</u> | 35. <u>C ✓</u> |
| 16. <u>D ✓</u> | 36. <u>D ✓</u> |
| 17. <u>C ✓</u> | 37. <u>D ✓</u> |
| 18. <u>D ✓</u> | 38. <u>D ✓</u> |
| 19. <u>A ✓</u> | 39. <u>C ✓</u> |
| 20. <u>D ✓</u> | 40. <u>C ✓</u> |

SCORE 100%



CANDIDATE: Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Coach Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this proficiency card.

Sign-off dates may not be more than 24 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Coach Rating Course.

VERIFYING OFFICIALS: Use this form to record that the candidate has met all necessary requirements for the USPA Coach rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

USPA COACH RATING APPLICATION

Name Fabian Muter USPA #: 30180 Expiration Date: 7/31/2021

Mailing Address Flowers 1806

Add'l. Address _____

City San Diego State _____ Zip or Postal Code 9210904 Country CHL

Weekday _____ E-Mail _____

DOB: _____ Sex: ☒ M ☐ F Occupation: instructor

License Number: B-44211 (Must be USPA or FAI B or higher)

Total Freefall Time: 42,405g Total Sport Jumps: 720

Applicant's Signature (for future authentication purposes): _____

\$35 Rating Fee: ☐ Paid by candidate with application ☐ Returned with After-Action Report



Signature: _____

I certify that Fabian Muter BITANDA **DECLINED** has:
name of candidate

BEFORE THE USPA COACH RATING COURSE:

1. Correctly answered at least 80% of the questions on the USPA Coach Final Examination.

[Signature] 11/09/16
Course examiner signature Date

2. Assisted in one complete solo first-jump course.

[Signature] 11/07/16
USPA instructor signature Date

AT THE USPA COACH RATING COURSE:

3. Successfully conducted two satisfactory training sessions from the topics listed in the Coach Rating Course Evaluation outline.

[Signature] 11/08/16
Evaluator signature Date

[Signature] 11/08/16
Evaluator signature Date

4. Demonstrated the ability to teach the following topics from Categories F-H of the ISP.

[Signature] 11/08/16
• float exit Evaluator signature Date

[Signature] 11/10/16
• diver exit Evaluator signature Date

[Signature] 11/09/16
• forward and dock Evaluator signature Date

[Signature] 11/08/16
• fall rate Evaluator signature Date

[Signature] 11/08/16
• tracking with awareness Evaluator signature Date

5. Demonstrated the ability to conduct a satisfactory debriefing.

[Signature] 11/09/16
Evaluator signature Date

6. Correctly performed a pre-jump equipment check.

[Signature] 11/09/16
Evaluator signature Date

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CANDIDATE NAME

FABIAN MURROZ

Member #

7. Successfully completed two air evaluations.

Evaluator signature

Date

11/10/16

Evaluator signature

Date

11/10/16

8. Participated in all portions of the USPA Coach Rating

Course:

Course examiner signature

Date

11/09/16

RATING RECOMMENDATION

I have personally examined and recommend this applicant for the USPA Coach rating. He or she has demonstrated the ability to, under the supervision of a USPA Instructor, teach the general (non-method-specific) sections of the first jump course, conduct group freefall skills training, supervise students making group freefall training jumps, and conduct recurrency training and jumps with licensed skydivers.

Course examiner name (please print)

Member #

Course examiner signature

Course Date

Original Course Location

DANSON CARVALHO D-25058

[Signature]

11/10/16

SANTIAGO CHILB

ANDES

COURSE/EXAMINER VERIFICATION CHECKLIST

- ☐ Examiner membership and rating expiration date _____
- ☐ Course Location _____ (must be a current USPA Group Member drop zone)
- ☐ Candidate USPA Membership expiration date _____
- ☐ Full Course ☐ Challenge Course (See Section 1 of course syllabus for requirements)
- ☐ Proof of non-USPA Coach rating (challenge only)

Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE THIRD CLASS

This certificate must be renewed every 24 months.

LABIAN MUÑOZ SR
23597 North Highway 99
Lodi CA 93200

Date of Birth: [redacted]
Sex: [redacted]
Height: [redacted]
Weight: [redacted]
Blood Pressure: [redacted]
Heart Rate: [redacted]
Vision: [redacted]
Hearing: [redacted]
Medical History: [redacted]
Current Medications: [redacted]
Comments: [redacted]

FAA Form 8560-4 (Rev. 10-15-2014)

1. This certificate is issued to the holder on the condition that the holder will comply with all applicable Federal Aviation Regulations (FAR) and Federal Aviation Order (FAO) relating to the operation of aircraft.

2. The holder of this certificate is responsible for maintaining the certificate in accordance with the requirements of FAR 61.151 and 61.153.

3. The holder of this certificate is responsible for maintaining the certificate in accordance with the requirements of FAR 61.151 and 61.153.

4. The holder of this certificate is responsible for maintaining the certificate in accordance with the requirements of FAR 61.151 and 61.153.

5. The holder of this certificate is responsible for maintaining the certificate in accordance with the requirements of FAR 61.151 and 61.153.

6. The holder of this certificate is responsible for maintaining the certificate in accordance with the requirements of FAR 61.151 and 61.153.

7. The holder of this certificate is responsible for maintaining the certificate in accordance with the requirements of FAR 61.151 and 61.153.

8. The holder of this certificate is responsible for maintaining the certificate in accordance with the requirements of FAR 61.151 and 61.153.

9. The holder of this certificate is responsible for maintaining the certificate in accordance with the requirements of FAR 61.151 and 61.153.

10. The holder of this certificate is responsible for maintaining the certificate in accordance with the requirements of FAR 61.151 and 61.153.



AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300
FAA Civil Aerospace Medical Institute
Mike Monroney Aeronautical Center
P.O. Box 26080
Oklahoma City, OK 73125-9914

LABIAN MUÑOZ SR
23597 North Highway 99
Lodi CA 93200 USA

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

UNITED STATES PARACHUTE ASSOCIATION® LICENSE APPLICATION

(Please type or print)

Name FABIAN MUNDOL BRZANCAStreet Address Flowers 130665 CONCOR.City Savannah State GA Zip 31400Country USA U.S. Citizen ☒ Yes ☐ No DOB 06/11/16USPA #
305180Signature of applicant 

License Number(s) Issued:

Type \$ License Fee (\$30 each license)
☐ B \$ 20 Expedite with fax or email confirmation (add \$20)
☒ C \$ 30 Total Phone # [REDACTED]
☒ D Fax # or email address [REDACTED]

U.S. payments: Mail check or money order payable to "USPA" or pay by VISA, MasterCard or Discover.
 Foreign payments: Only VISA, MasterCard and Discover accepted for foreign payment.
 No foreign checks or money orders.

[REDACTED] Make U.S. checks only payable to "USPA."

5/9/17
 month year
 expiration date
 I agree to the terms of the license application on back of card

1. EXPERIENCE (Fill in both categories)

Total Jumps 780.
 Total Freefall Time 1,3 hrs

3. KNOWLEDGE

A USPA Instructor administers the written exam(s) (B, C, and D licenses), records the passing score(s) in the skill table(s), and initials the box(es).

NOTE: License applications must be signed by a verifying official.

A D-license application requires the signature of a member of the USPA Board of Directors, a Safety & Training Advisor or an Instructor Examiner.

Applications for B and C licenses may be signed by any current USPA Instructor or higher.

2. SKILL TABLES

Fill in the number of the highest license you currently hold and all the information requested for each license that is higher than the one you currently hold, up to and including the license you are applying for. For each license requirement met, write in either the number of the jump, the

date of the training or the score, accordingly. The verifying official must initial each block of the skill verification table and sign the verification box. Refer to the Skydiver's Information Manual, Section 3, for specific requirements.

A #
 LICENSE Number*

*If applying for A-license provide a photocopy of a completed USPA A-License Application, signed by a USPA Instructor, Instructor Examiner or member of the USPA Board of Directors.

B #
 LICENSE Number (or fill out below)

Requirements	Jump No. or date	Initial
Accuracy (10 jumps)	0	AB
Maneuvers	01-10	AB
Wing Training	01-10	AB
Country Course (for SEM, L-1)	01-10	AB
Exam Score	100%	AB

C #
 LICENSE Number (or fill out below)

Requirements	Jump No. or date	Initial
Accuracy (25 jumps)	0	AB
Maneuvers	01-15	AB
Exam Score	100%	AB

D

Requirements	Jump No. or date	Initial
Night Jump #1	500	TSPP
Night Jump #2	507	TSPP
Exam Score	100%	TSPP

♦ List jump numbers used to meet the accuracy requirements: 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

4. VERIFICATION (Please print or type)

I certify that I have personally checked the applicant's logbook(s) and found documentation that the applicant has met all applicable requirements as specified in the Skydiver's Information Manual, Section 3-1.

TIMOTEO SALGADO P. PINTO D-31896 COACH-E
 Name of verifying official (Print lightly) Membership number and title
[Signature] 6/19/2017
 Signature of verifying official Date
 NOTE: D LICENSE REQUIRES SIGNATURE OF SOTA OR HIGHER.

5. CHECK LIST

- ☒ Experience table completed—Block 1.
☒ All appropriate boxes on skill table completed—Block 2.
☒ Signature (in verification box) of appropriately-rated verifying official—Block 4.

UNITED STATES PARACHUTE ASSOCIATION® LICENSE EXAM ANSWER SHEET

APPLICATION CHECKLIST

The verifying official signing the license application should double check that each of these items has been completed:

A. Applicant's personal information

B. Experience verification:

1. Number of jumps
2. Freefall time

C. Skill verification:

Verify (with your initials) that the jump number, date, or score for each requirement is correct and can be found in the applicant's logbook, OR enter the applicant's appropriate license number in the box provided.

D. Knowledge verification: Check that the written exam answer sheet is complete with a passing score recorded on the application.

E. Final Verification:

1. Sign the verifying official's certification statement and print your name, license number (or title), and date.
2. Mail the completed license application along with the fee.

APPLICANT (Please Type or Print)

Name: FORBIAH LUTER TRANE Signature: [Signature]

USPA Membership No. 305180 Date 12.11.16

1. D 26. D
2. C 27. B
3. B 28. B
4. D 29. D
5. B 30. B
6. D 31. C
7. D 32. D
8. D 33. B
9. C 34. B
10. C 35. D
11. A 36. B
12. D 37. C
13. D 38. C
14. C 39. C
15. B 40. A
16. B
17. B
18. B
19. C
20. A
21. B
22. C
23. B
24. B
25. C

SCORE: 100%

1. B
2. B
3. A
4. A
5. D
6. A
7. B
8. D
9. A
10. A
11. B
12. B
13. B
14. D
15. C
16. D
17. B
18. B
19. A
20. A
21. B
22. D
23. D
24. A
25. A

SCORE: 100%

1. B
2. B
3. B
4. C
5. B
6. D
7. D
8. D
9. A
10. D
11. A
12. B
13. D
14. C
15. C
16. B
17. C
18. B
19. C
20. B
21. A
22. D
23. B
24. A
25. D

SCORE: 100%

1. D 26. B
2. D 27. A
3. C 28. D
4. C 29. B
5. D 30. C
6. B 31. B
7. D 32. A
8. B 33. B
9. B 34. D
10. D 35. C
11. D 36. D
12. B 37. B
13. C 38. P
14. O 39. B
15. A 40. B
16. C
17. A
18. B
19. C
20. C
21. D
22. A
23. A
24. B
25. D

SCORE: 100%

LICENSE EXAM INSTRUCTIONS

A. Exam administrator:

1. Give the applicant this answer sheet and the questions to the exam. Do not permit references or other assistance during the exam. After the test, collect the materials and grade the exam. 75% (19 or more for the B-license and C-license exams; 30 or more required for the A-license and D-license exams) is required to pass.
2. Record the score on the license application and in the applicant's logbook. The applicant not passing will be eligible to retake this exam after seven days. To qualify for a higher license, the applicant must have passed all lower class license exams.

B. Applicant:

1. Write your name on this answer sheet.
2. Select the best available answer for each question and write the corresponding letter in the space provided.
3. When you finish, return this answer sheet and all exam questions to the person administering the test to you.

NOTE: USPA license exams must be administered by USPA Instructor, Instructor Examiner, Safety & Training Advisor, or a member of the USPA Board.

Susan Sullivan

From: Timóteo Salgado [REDACTED]
Sent: Monday, June 19, 2017 9:01 AM
To: Susan Sullivan
Cc: Dalton Carvalho; Fabian Muñoz
Subject: Fabian Munoz D Lic App, Coach Prof Card and Tandem-I Prof Card (+faa medical)
Attachments: Coach Pf Card - Fabian Munoz.pdf; Fabian Muñoz - FAA Medical III.JPG; Fabian Munoz - uspa lic.jpg; Lic App - Fabian Muñoz.pdf; Tandem Pf Card - Fabian Munoz.pdf

Hi Susan

You will find attached Fabian Munoz documents including:

- D Lic application
- Coach Proficiency Card
- Tandem Instructor Proficiency Card
- FAA Medical

Please let me know if the paperwork is good.

For a number of reasons this docs were not sent at the date

--

Saludos cordiales
Cordialement
Melhores cumprimentos
With kind regards
Mit freundlichen Grüßen

Timóteo Salgado
[REDACTED]



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